

MI PRAMS Delivery

<http://www.michigan.gov/prams>



Volume 5, Issue 4

October 2006

Unintended pregnancy and contraception

Inside This Issue

	Page
Unintended pregnancy	1
Demographics	2
Unintended pregnancy Information	2
Unintended Pregnancy and Contraception	3
About Michigan's PRAMS	4
PLAN FIRST! Family Planning Program	4

Unintended pregnancy, also referred to as unintended live births is associated with an increased risk of detrimental health outcomes such as preterm delivery and low birth weight (1). Furthermore, it has been identified as an important determinant of abortion (2).

Women with an unintended live birth are less likely than those with an intended to recognize their pregnancy in its early stages and to initiate early prenatal care (3). These factors may have enormous social, and medical implications (4).

Half of all pregnancies in the United States are unintended (5).

Among population subgroups, the proportion of unintended live births differs dramatically (6). Of special note is the great disparity among women who are below federal poverty and therefore most likely Medicaid dependent.

Contraception (nonuse or misuse) may be responsible for up to 50% of unintended live births (1). A complex network of factors may contribute to nonuse or misuse of contraceptives. These factors may range from socio-economic status,

access-to-care to knowledge, attitude and cultural values (7).

Great strides have been made in Michigan to address the concern of pregnancy intention. However, the prevalence of unintended pregnancy remains stagnant at approximately 40% (8).

This issue of MI PRAMS Delivery will focus on the prevalence of unintended pregnancies, in Michigan and the access/use of contraception.

Points of Interest

- ◆ In Michigan, approximately 40% of pregnancies were unintended.
- ◆ Prior to pregnancy, 55.7 % of women reported not using contraception.
- ◆ Almost 50% of unintended pregnancies may be attributed to contraception failure.

Unintended pregnancy in Michigan

In 2003, Michigan PRAMS ascertained information about pregnancy intention from the following question:

Thinking back to just before you got pregnant, how did you feel about becoming pregnant?
_I wanted to be pregnant sooner.
_I wanted to be pregnant later.
_I wanted to be pregnant then.
_I didn't want to be pregnant then or at any time in the future.

An intended pregnancy was one in which the mother answered that she wanted to be pregnant then or sooner.

Women who wanted to be pregnant later or not at all were classified as having an unintended pregnancy.

Approximately 40% of live births were defined as unintended (**Figure 1**). In addition, 44.3% of women reported using some form of contraception prior to pregnancy.

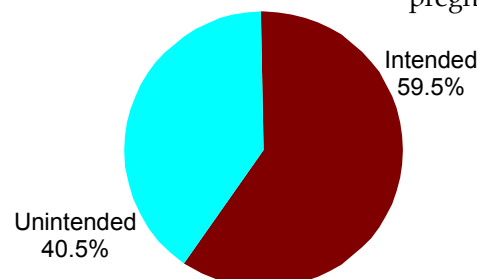


Figure 1: Prevalence of intended and unintended pregnancies, 2003 MI PRAMS

Unintended pregnancy Information

Some barriers to contraceptive access/use are:

- ◆ Cost
- ◆ Misconceptions
- ◆ Fear of side effects
- ◆ Health-related effects
- ◆ Dislike of birth control
- ◆ Difficulty under – standing instructions

References

1. CDC. PRAMS and Unintended Pregnancy, 1999.
2. Henshaw SK. Unintended pregnancy in the United States. *Family Planning Perspectives* 1998;30(1):24-9 & 46.
3. Kost K, Landry D, Darroch J. Predicting maternal behaviors during pregnancy: Does intention status matter. *Fam Plann Perspect* 1998; 30 (2):79-88.
4. Crissey S. Effect of pregnancy intention on child well-being and development: Combining retrospective reports of attitude and contraceptive use. *Population Research And Policy Review*; 2005;24(6):593-615
5. Sable MR, Galambos CM. Prevention and women's reproductive health: A matter of concern. *Health & Social Work* 2006;31(3):163-166.
6. Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health* 2006;38(2):90-96.
7. Sangi-Haghpeykar H, Ali N, Posner S, Poindexter AN. Disparities in contraceptive knowledge, attitude and use between Hispanic and non-Hispanic whites. *Contraception* 2006;74(2):125-132.
8. Eby E, Zhu B, Bouraoui Y, Miller K, Paterson D. Unintended Live Births, Michigan, 1988-1999. *MI PRAMS Delivery*. Vol. 1. Lansing, 2002.
9. Lee PR, Stewart FH. Failing to Prevent Unintended Pregnancy Is Costly. *American Journal of Public Health* 1995;85(4):479-480.

Demographics

The race/ethnic distribution of unintended pregnancies shows Non-Hispanic Black women to have the highest proportion (63.3%) while Hispanic women (46%) had the second highest (**Figure 2**).

With respect to age, women less than 20 years of age were twice as likely (78.5%) to have an unintended pregnancy compared to women 20-34 years of age.

The less than 20 age group was also more than three times prone to having an unintended pregnancy in contrast to their over 35 counterparts (23.3%) (**Figure 3**).

Crude results for the use of contraception prior to pregnancy were equally startling.

An approximately equal proportion of overall contraception use prior to pregnancy was reported by Black, non-Hispanic and

Hispanic women (53.5% and 51.4%) respectively. Among white, non-Hispanic women, 41.5% reported using contraception prior to pregnancy.

Regarding maternal age, 50% of women over 35 conceived despite using contraception prior to pregnancy as did 45.5% of those less than 20 years of age.

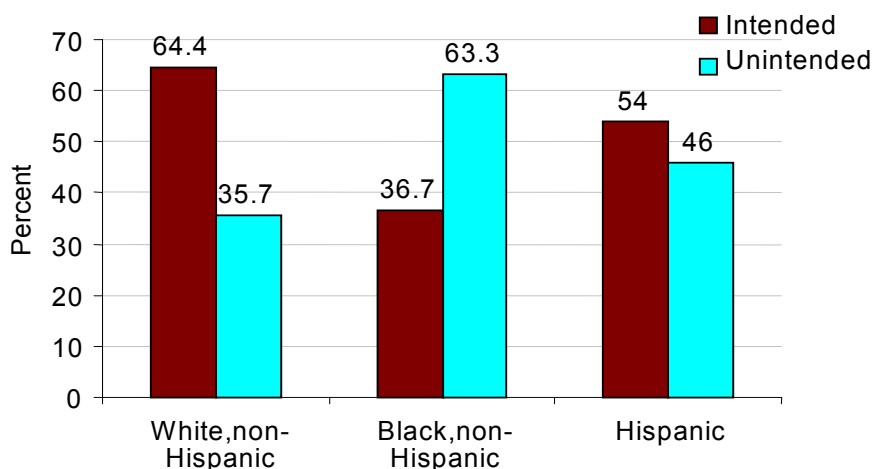


Figure 2: Prevalence of intended and unintended pregnancy by maternal race/ethnicity, 2003 MI PRAMS

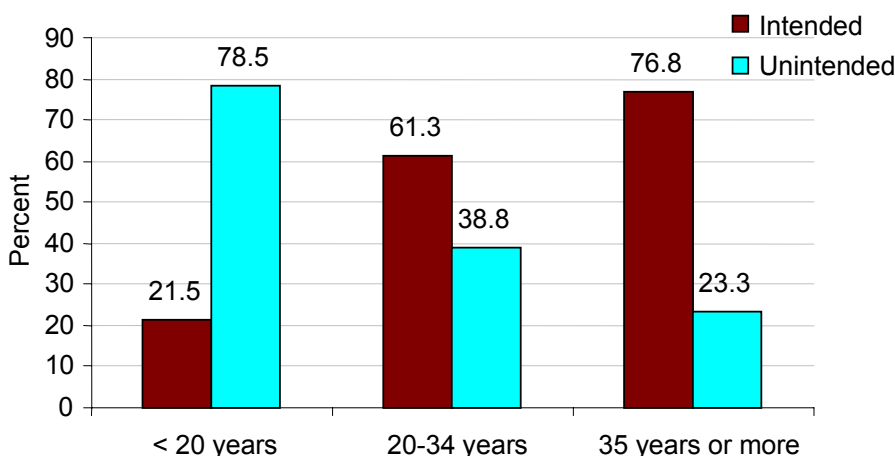


Figure 3: Prevalence of intended and unintended pregnancy by maternal age, 2003 MI PRAMS

Unintended Pregnancy and Contraception Use

The percentage of unintended pregnancies is an important measure of a population's reproductive health. The statement *'prevent is better than cure'* is also true for unintended pregnancies.

Contraception is the keystone in the prevention of unintended pregnancy (9). However, in Michigan, 49.3% (95% CI 44.4 – 54.1) of unintended live births may be attributed to contraception failure.

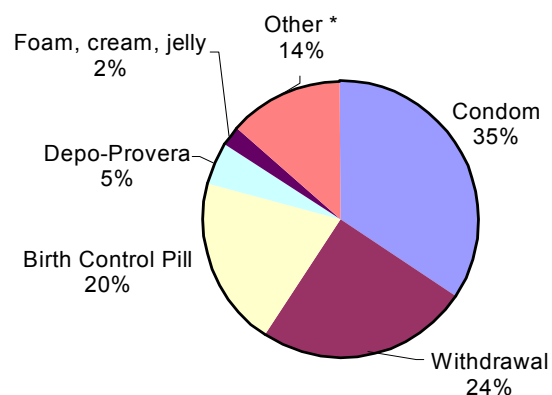
An assessment of specific contraceptive methods used among women with an unintended live birth reveals condoms as having the highest proportion of failure (35%) followed by withdrawal (24%) and birth control pills (20%) (**Figure 4**). This finding suggests that women who have no intention for pregnancy may not be using an effective contraceptive method nor have an effective pattern of contraceptive use.

Despite the availability of safe and effective contraceptive methods, many barriers to contraception still exist. Cost of and adequate information about appropriate method(s) are among the major barriers. For instance, women without medical insurance were the most likely to report non-use of contraception (61.7%), followed by women on Medicaid (57.3%) (**Figure 5**).

Recommendations

- ◆ Encourage the correct use of contraception to decrease the incidence of unintended pregnancy in Michigan.
- ◆ Improve access to family planning services for women without medical insurance.
- ◆ Ensure appropriate contraceptive education and counseling.

Figure 4: Method of pre-pregnancy contraceptive use among women with an unintended pregnancy, 2003 MI PRAMS



* Other includes women who responded 'other' to the question "When you got pregnant ..., what were you or your...doing to keep from getting pregnant?" PLUS those who indicated male and/or female sterilization.

Michigan's PLAN FIRST!

PLAN FIRST! is a Medicaid waiver, Family Planning Program, within the Michigan Department of Community Health, designed to reduce the incidence of closely spaced pregnancies and to decrease the number of unintended pregnancies. This goal will be accomplished by improving availability and access to family planning services, including contraceptive education and counseling, for low-income women. Eligible women are those of childbearing age, 19 through 44, who are not covered by Medicaid, do not have family planning benefits through private insurance, including Medicare, and who have family income at or below 185 percent of the federal poverty level. It is imperative that we target these women with the services of **PLAN FIRST!** since they are at an increased risk of having an unintended pregnancy. For more information about **PLAN FIRST!**, providers, please contact the Family Planning Program at 1-800-292-2550.

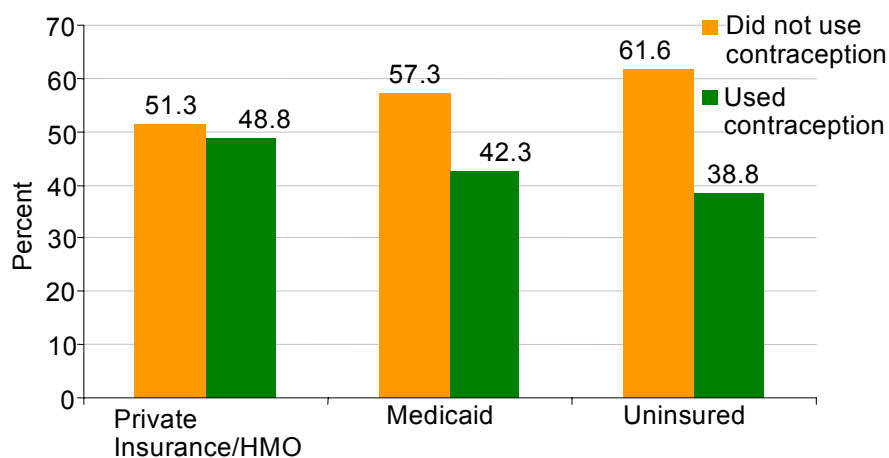


Figure 5: Prevalence of contraceptive use prior to pregnancy by insurance status, 2003 MI PRAMS

**Michigan Department
of Community Health**

Jennifer M. Granholm, Governor
Janet Olszewski, Director

**For More Information
Contact:****DFCH/PRAMS**

Washington Square Building
109 Michigan Ave, 3rd Floor
Lansing, MI 48913
Phone: (517) 335-9398
E-Mail:
bouraouiy@michigan.gov

Past and future editions of
the MI PRAMS Delivery
newsletter are available
electronically at:
<http://www.michigan.gov/prams>

About Michigan's PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based survey, is a CDC initiative to reduce infant mortality and low birth weight. It is a combination mail/telephone survey designed to monitor selected self-reported maternal behaviors and

experiences of women who delivered a live infant in Michigan that occur before and during pregnancy, as well as early-postpartum periods. Information regarding the health of the infant is also collected for analysis. Annually, over 2,000 mothers are selected at random to participate from

a frame of eligible birth certificates. Women who delivered a low-birth weight infant were over-sampled in order to ensure adequate representation. The results are weighted to represent the entire cohort of women who delivered during that time frame.

MI PRAMS Delivery has a new editor!!

Kevin Brooks received his Masters and Doctor of Philosophy in Epidemiology at Michigan State University. Although a recent graduate, Kevin has coordinated a variety of research projects assessing the impact of maternal factors on child health. He joined the team in August and is currently the MCH Epidemiologist for PRAMS and Family Planning.

Suggested Citation

Brooks K, Grigorescu V, Bouraoui Y, Kirk G. Michigan Department of Community Health. "Unintended pregnancy and contraception." MI PRAMS Delivery. Volume 5, Number 3. Family and Community Health, Michigan Department of Community Health, October 2006.